

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1												
2							51					
3							52					
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47							96					
48							97					
49							98					
50							99					
TOTAL							100					
TOTAL							TOTAL					
TOTAL							IND.					
IND.							TOTAL					
DEP.							DEP.					
TOTAL							CLAIMS					